

In the second case an operation yielded a sarcoma in the facial center of the left motor zone. The symptoms had been pain in the head, and recurring spasmodic twitchings of the right cheek and neck, not involving the arm. Speech was wholly abolished at such times. Later the right hand became somewhat affected. Paralysis of the lower facial muscles of the right side was developed; double optic neuritis; increased knee jerk on the right side; pain and tenderness over the motor zone.

In the third case, a mass about the size of a hen's egg was removed from the left frontal lobe. This had caused attacks of general convulsions and unconsciousness; progressive failure of vision, severe headache, chiefly in the temples; poor memory and other mental symptoms; no special paralytic symptoms; double optic neuritis; deficient sense of smell on the left side, a prominent and tender swelling just back of the external angular process of the frontal bone.

The fourth case at autopsy revealed a large round cell sarcoma, completely filling the right ventricle and extending over into the left. The corpus callosum and fornix anteriorly were invaded. The symptoms had been a persisting frontal headache, morning vomiting, failure of vision and double optic neuritis; equilibrium poor, with a tendency to fall to the left side. Visual illusions due to a varying hemianopia were noted. Later, fainting or epileptic attacks, loss of sense of smell, paralysis of the left external rectus, diminished hearing on the left side; left hemiplegia and blindness. Mental stupidity, coma and death sixteen months from the onset.

In the fifth case, at autopsy a large nodular growth three inches long was found extending into the right lobe of the cerebellum. This extended also into the fourth ventricle, pushing the medulla to the left and pushing on the right crus of the cerebellum. The symptoms had been progressive malaise, headache, recurring vomiting, mental dulness, irritability, stiffness of the neck. Slight paresis of the right external rectus, no reaction of the pupils to light, marked sensitiveness to touch all over the head. Later optic neuritis and well-marked convulsions; dimness of vision. Five months later complete blindness, semi-coma, paralysis of right side of face, partial paraplegia, bulbar symptoms.

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EPILEPSY. Its Psychopathology and Medico-Legal Relations. H. A. Tomlinson (Journal American Medical Association, Jan. 17, 1903).

The more rapid the mental reduction after the establishment of the convulsive habit the greater the psychic perversion and the more frequent those manifestations of mental aberration which belong to the epileptic, the post-convulsive furor and automatism. The study of these maniacal outbursts indicates that they are the response to the impelling suggestions of unreasoning fear, following vivid hallucinations, usually visual but sometimes auditory. Or, in cases where there is much mental reduction, it is the expression of brutal impulse to wanton cruelty in response to the gross irritation of the convulsive seizure. Sometimes these outbreaks, especially in the procursive form, are mere "running amuck" without regard to anything which comes in the way and with no purpose. Epileptic automatism implies a less degree of mental reduction and the persistence of considerable intellectual capacity. The persistence of automatism after the convulsion constitutes what is known as double consciousness. At such times a return to original or concealed traits of character or family traits will occur. The term psychic epilepsy has no real significance because it implies a condition which, in the nature of things, could not exist; that is, that there is a mental instead of a motor convulsion. It is almost certain that this condition is a post-epileptic phenomenon, where the initial attack is *petit mal*, which is observed by the mental aberration which follows and is manifested by the automatism or maniacal outbreak. Therefore it is the sequence to the explosion and not its equivalent. In determining how far the epileptic may be responsible for his acts we have to consider not his epilepsy

but the degree of primary defect in his mental make-up as manifested by his cerebral potentiality and intellectual capacity. An epileptic child is more or less "spoiled" and poorly controlled. When out in the community, not getting the same treatment, morbid self-consciousness, resentment even to paranoia may develop; or outbreaks of excitement, mental depression or delusions.

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THE MINUTE ANATOMY OF ERYTHROMELALGIA. H. Batty Shaw (British Medical Journal, March 21, 1903.)

Erythromelalgia is the name given to a condition of the extremities in which redness and pain are associated. Dependence produces considerable increase of the dusky red or violaceous tint of the extremity affected. The pain is increased by warm rather than cold weather; there is no loss of sensation, but there may be increased sensitiveness. The affection is asymmetrical; gangrene does not occur; muscular wasting is found, but is caused by disuse and is less severe than in neuritis. A reaction of degeneration in the nerves of the affected parts has not been found. The deep reflexes are not reduced. In examination of amputated fingers in three cases of erythromelalgia the following results were obtained: The digital arteries showed very slight thickening; those of the thumb showed obvious thickening in the internal coat. There was no definite sign of degeneration of any of the nerves, nor was there an apparent deficiency of nerve fibers or any increase of fibrous tissue in the larger nerve trunks or in the digital nerves. No syphilitic history could be obtained or signs of central nervous disease. Of nine other cases reported a reduction of nerve fibers in a portion of nerve excised was found with an increase of fibrous tissue.

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